



WHO acceleration plan to stop obesity

2025

2030



World Health
Organization



At the **75th World Health Assembly** in 2022, Member States adopted new recommendations for the prevention and management of obesity and endorsed the *WHO acceleration plan to stop obesity*

The *WHO acceleration plan to stop obesity*¹ is designed to stimulate and support multisectoral country level action across the globe. Drawing on policies that are already tried and tested and based on implementation and delivery science, the plan offers the prospect of a step change in delivery and impact in the effort to tackle the growing crisis of obesity.

¹ WHA75 - Annex 7 Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=105.

A public health crisis

The global burden and threat of obesity constitutes a major public health challenge that undermines social and economic development throughout the world and has the effect of increasing inequalities between countries and within populations. Obesity has now reached epidemic proportions and it is estimated that by 2030 over one billion adults globally will be obese.¹ Once associated with high-income countries, obesity is now also prevalent in low-and middle-income countries, including among lower socio-economic groups. In some contexts, the factors contributing to obesity are the same as those that contribute to undernutrition.

Stopping the growing obesity epidemic is one of the 2025 Global Nutrition Targets (for children under 5) and one of the Targets

for Noncommunicable Diseases (NCDs) reduction for adolescents and adults. Without addressing obesity, it will not be possible to achieve a 30% reduction of premature mortality from NCDs by 2030, nor will it be possible to end malnutrition (by wasting and overweight) among children under 5 years of age. Both are key targets of the Sustainable Development Goals (SDGs).

Obesity has very significant impacts on wellbeing and quality of life and is a major risk factor in many other NCDs. In 2019, it contributed to approximately 5 million deaths from cardiovascular diseases, diabetes, cancers, neurological disorders, chronic respiratory diseases, and digestive disorders.² People who suffer from obesity also experience a four-fold increased risk of developing severe COVID-19.³

3 GOOD HEALTH AND WELL-BEING



*Tackling the growth in obesity is critical to achieving the **Sustainable Development Goal (SDG) target 3.4: to reduce by one third premature mortality from NCDs by 2030.***

¹ World Obesity Atlas 2022. World Obesity Federation. London: 2022 (https://s3-eu-west-1.amazonaws.com/wof-files/World_Obesity_Atlas_2022.pdf, accessed 11 April 2023).

² Chong, B., Jayabaskaran, J., Kong, G, et al. Trends and predictions of malnutrition and obesity in 204 countries and territories: An analysis of the Global Burden of Disease Study 2019. *EClinicalMedicine*. 2023. 57. DOI:<https://doi.org/10.1016/j.eclinm.2023.101850>.

³ Izcovich A, Ragusa MA, Tortosa F, Lavena Marzio MA, Agnoletti C, et al. [Prognostic factors for severity and mortality in patients infected with COVID-19: A systematic review](#) *PLoS One*. 2020; 15(11): e0241955.

Can obesity be prevented?

Overweight and obesity are largely preventable. At the individual level, **people may be able to reduce their risk by limiting energy intake from total fats and sugars; increasing consumption of fruit and vegetables, as well as legumes, whole grains and nuts; and engaging in regular physical activity.** However, the dietary and physical activity patterns for individual people are largely the result of environmental and societal conditions that greatly constrain personal choice.¹

Health warning

**Missing targets = missing opportunities = losing lives
No country is on track to meet global targets
to stop the increase in obesity!**

Tackling obesity must be recognized first as a societal rather than an individual responsibility with the solutions to be found through the creation of supportive environments and communities that embed healthy diets and regular physical activity as the most accessible, available and affordable behaviours of daily life. **Stopping the rise in obesity will demand multisectoral actions that can have a more direct impact on the disease (such as food manufacturing, marketing and pricing) and others that seek to address the wider determinants of health (such as poverty reduction and urban planning).** Health sector responses designed and equipped to identify risk, prevent, treat and manage the disease are also urgently needed. These actions need to build upon and be integrated into broader efforts to address NCDs and strengthen health systems through a primary health care approach.

The solution to the obesity epidemic is political will, a plan of action and the resources and commitment to deliver

1. Obesity and overweight. World Health Organization. (<https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>, accessed 26 June 2023).

Putting a stop to the rise in obesity: a complex challenge

Obesity is a public health emergency and an effective global response to the obesity epidemic is now urgent and imperative. However, there is no single or simple solution. The response will demand ambitious reform on many fronts and on a scale sufficient to address the sum of environmental influences that exacerbate the likelihood of obesity in individuals or populations and in different settings. These influences are referred to as the “obesogenic environment”.

The answer to the obesity epidemic lies in action to address the structural factors that are rapidly contributing to the creation of a worldwide obesogenic environment. Governments, supported by all key stakeholders, must now take responsibility for ensuring the availability of healthy sustainable food at locally affordable prices, for embedding safe and easy physical mobility into the daily life of all people and for enabling and enforcing an adequate legal and regulatory environment. At the same time, an effective health system response must be mobilized to help prevent, treat and manage obesity.

BOX 1

Definition of obesity

Obesity is a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome). Body mass index (BMI) is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining obesity vary by age and gender in infants, children and adolescents. For adults, obesity is defined by a BMI greater than or equal to 30.00 kg/m². There are three levels of severity in recognition of different management options.

In infants, children and adolescents, BMI categories for defining obesity vary by age and gender based on WHO growth charts. Children 0 to 5 years have obesity if weight-for-length/height or BMI-for-age is above 3 standard deviations of the median of the WHO Child Growth Standards. Children aged 5 to 19 years have obesity if BMI-for-age is above 2 standard deviations of the median of WHO Growth Reference for School-aged Children and Adolescents.

International classification of diseases for mortality and morbidity statistics (11th Revision). Geneva: World Health Organization; 2018 <https://icd.who.int/browse11/l-m/en>.

WHO acceleration plan to stop obesity

The *WHO acceleration plan to stop obesity* sets out the incremental steps for a comprehensive, systematic approach to tackling obesity. The plan is assisting countries to navigate the complexity of the implementation challenges and deliver results.


At the heart of the plan sits a consolidated set of policies which have been selected based on their proven potential to achieve outcomes. Next, the plan prioritizes existing policy recommendations in order to focus on those most likely to prove impactful, feasible, acceptable, affordable and scalable. Finally, the plan uses state of the art implementation and delivery science to guide how countries can best unlock and deliver a programme of change.


The role of the environments that surround communities has long been recognized as a major contributor to obesity. Obesity prevention and control necessitates multi-sectoral policies and actions that go beyond the health sector. Such policies and actions are implemented through a coordinated whole-of-society approach with a range of ministries and partnerships, while managing conflicts of interest and safeguarding public health. They include structural, fiscal, and regulatory actions aimed at creating healthy food environments that make healthier food options available, accessible and desirable.

Approaches endorsed in the plan include: comprehensive policies to protect people from the harmful impact of food marketing; nutrition labelling policies (including front-of-pack labelling); fiscal policies (including taxes and subsidies to promote healthy diets); public food procurement and reformulation policies; physical activity; as well as school food and nutrition policies (including school food standards, food provision and nutrition education).

A whole-of-society approach also requires actions at subnational and local

levels and can include collaboration between organizations working towards a common goal. For example, district administration, education and health authorities creating and maintaining public parks that cater for the needs of different age groups, or primary care teams in health clinics and school teachers jointly promoting healthy eating practices, giving oral healthcare advice, and offering services to ensure timely identification of children at risk of obesity. Within the school setting, school staff together with food service staff can implement nudges, alongside measures such as setting school food standards, to further influence children's food selection towards foods that contribute to a healthy diet.

Obesity prevention and management necessitates multisectoral policies and actions that go beyond the health sector 



The plan also calls for stronger integration of obesity prevention and treatment into primary health care services, particularly in low- and middle-income countries where many health clinics lack even the most basic diagnostic tools for checking blood sugar levels, weight or blood pressure or the resources to provide prevention and management counselling and health services. Finally, the plan calls on Member States to draw up country-based roadmaps, bringing together stakeholders and advancing advocacy and communications.

If everything is important, nothing is important

If everything is a priority, nothing is a priority

BOX 2

Policies and actions to stop the rise in obesity

Taxes on sugar-sweetened beverages (SSB)

A range of policy interventions to increase the cost of sugar-sweetened beverages to the consumer or to reduce the sugar content of the drinks have been introduced in several countries, including Mexico, Saudi Arabia, South Africa and the United Kingdom of Great Britain and Northern Ireland and have proved effective in either reducing sales or reducing consumption of sugar from sugary drinks.

Following the introduction of a one-peso per litre tax in Mexico (which is approximately a 10% tax), SSB purchases reduced by 6%. A higher tax in Saudi Arabia of 50% on carbonated beverages had greater impact leading to a 35% reduction in sales. The UK took a different approach which focused on reducing the sugar content of drinks rather than reducing the volume of sales. In response to the UK tiered Soft Drinks Industry Levy (SDIL), the sugar levels of household beverage purchases fell by almost 30g per household per week— while the volume of households' beverage purchases did not change indicating that the impact is likely to be due to reformulation of the products. South Africa has also introduced a tiered tax. Following the introduction of the Health Promotion Levy, the mean daily sugar intake from taxed beverages fell 37.5% while the mean per capita daily volume of taxed beverage purchases only fell by about 15%.

Colchero MA, Popkin BM, Rivera JA, Ng SW. Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study. *BMJ*. 2016;352. 10.1136/bmj.h6704.

Alsukait R, Wilde P, Bleich SN, Singh G, Foltz SC. Evaluating Saudi Arabia's 50% carbonated drink excise tax: Changes in prices and volume sales. *Economics & Human Biology*. 2020;38:100868.

Pell D, Mytton O, Penney TL, Briggs A, Cummins S, Penn-Jones C, et al. Changes in soft drinks purchased by British households associated with the UK soft drinks industry levy: controlled interrupted time series analysis. *BMJ*. 2021;372.

Hofman KJ, Stacey N, Swart EC, Popkin BM, Ng SW. South Africa's health promotion levy: excise tax findings and equity potential. *Obesity Reviews*. 2021;22.

The Five Workstreams

The *WHO acceleration plan to stop obesity* comprises five workstreams.

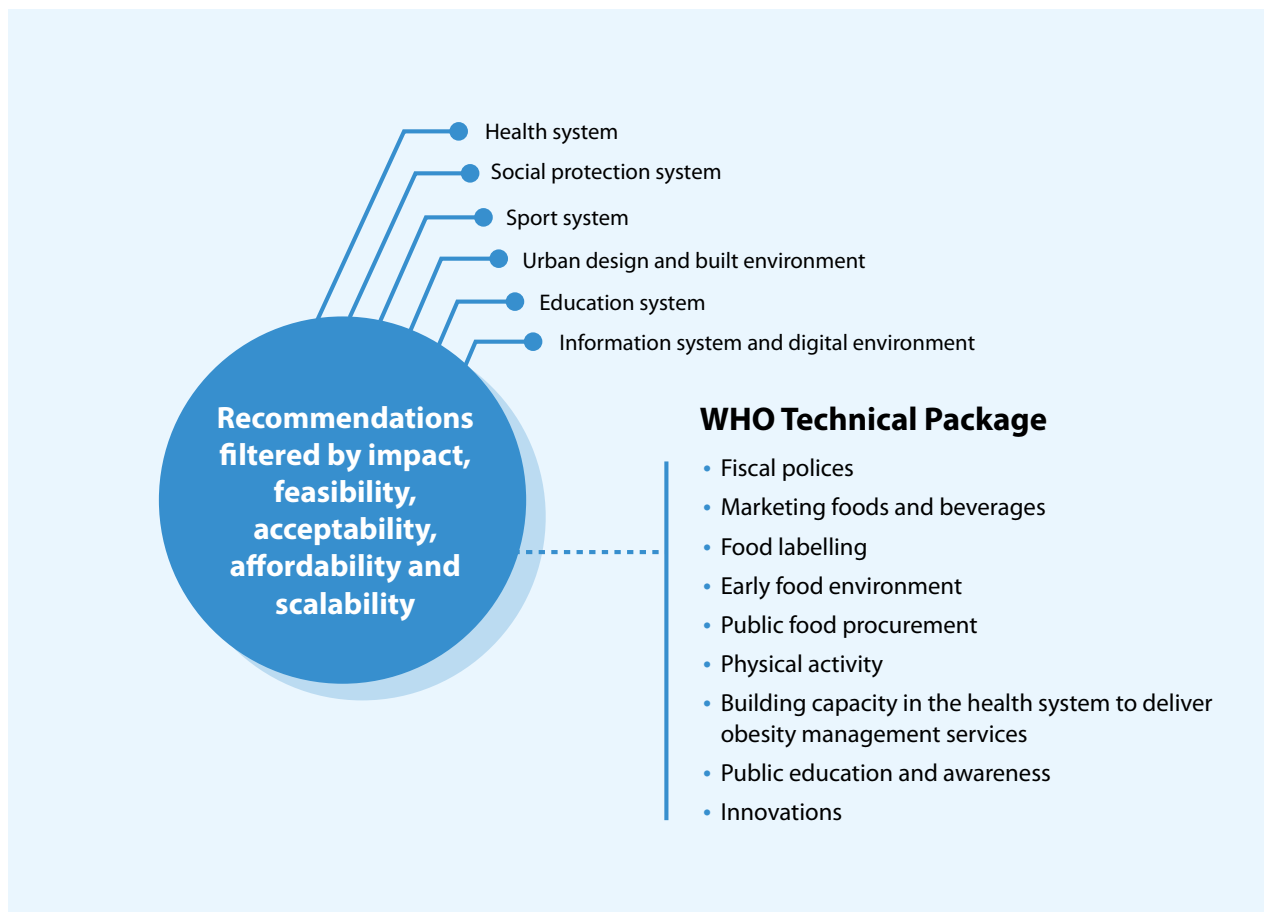
Workstream 1: Evidence-based, impactful and cost-effective actions

WHO has developed an obesity technical package that prioritizes and consolidates proven policy interventions and includes impact-modelling estimates. (See Box 3.) Examples of interventions selected under the plan include: evidence-based approaches to the implementation of regulations to protect children from the harmful marketing of food and beverages; fiscal and pricing policies to promote healthy diets and nutrition labelling policies; school-based nutrition policies

(including initiatives to regulate the sales of products high in fats, sugars and salt in close proximity to schools); protecting, supporting and promoting breastfeeding; and standards and regulations on active travel and physical activity in schools.

The work will include ensuring mechanisms are in place to safeguard public health from undue influence by real, perceived or potential conflicts of interest.

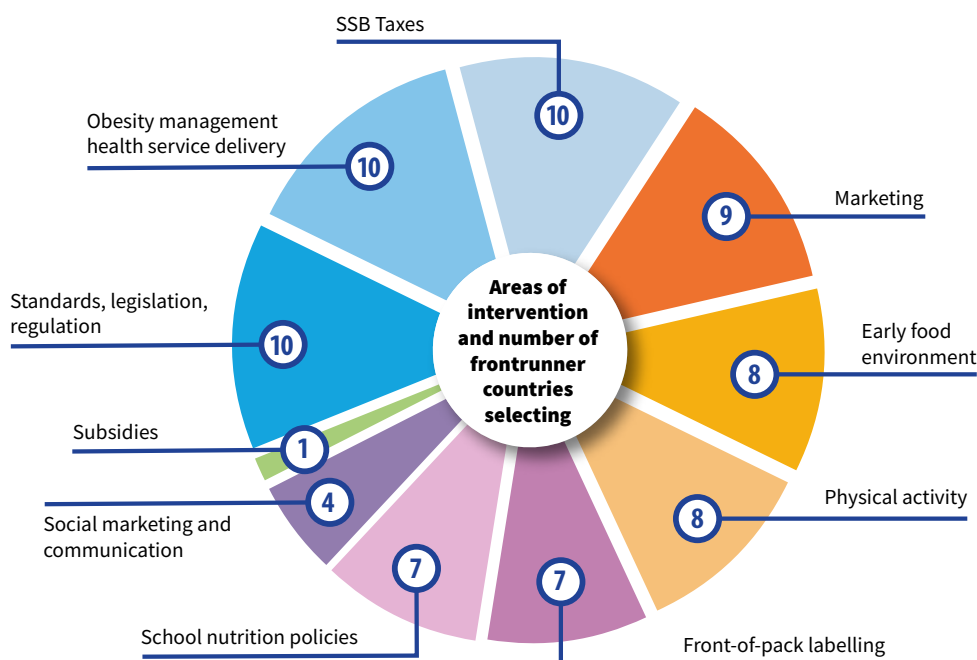
Figure 1. Act across multiple settings and scale up impactful interventions



Following the inter-country dialogues organized by WHO in the six regions (see Box 5), not all frontrunner countries choose to adopt all the policy interventions proposed in the WHO technical package. Indeed, each frontrunner country is making a choice according to its own context, prioritization and feasibility. For example 10 out of 28 frontrunners have

chosen to adopt sugar-sweetened beverages (SSB) interventions. By contrast, seven countries have chosen to progress school nutrition interventions and so far, only one of the frontrunner countries has chosen to use subsidies. Figure 2 shows at a glance the current trend of popularity of the different interventions.

Figure 2. Obesity interventions prioritized by frontrunner countries



Economic warning

Current annual global costs of obesity **US\$ 990 billion**

Annual cost of obesity as percentage of total GDP in 2060 **3.29%** on average across all countries

Potential total savings **US\$ 429 billion** per year on average (if overweight and obesity prevalence is reduced by 5% between 2020 and 2060)

The world cannot afford **NOT to act!**

Okunogbe A, Nugent R, Spencer G et al. Economic impacts of overweight and obesity: current and future estimates for 161 countries. *BMJ Global Health*. 2022, Vol. 7, p. e009773. Obesity: missing the 2025 global targets: trends, costs and country reports. 2020. World Obesity Federation. <https://www.worldobesity.org/resources/resource-library/world-obesity-day-missing-the-targets-report>.

BOX 3

Modelling impact

The WHO obesity policy modelling tool

The Department of Delivery for Impact (DFI), within the Division of Data, Analytics and Delivery for Impact, supports WHO's work to optimize impact at country level through a systematic, data-driven, and sustained focus on driving progress towards the 2030 SDGs.

DFI, in collaboration with the Department of Nutrition and Food Safety, has developed a simple, easy-to-use tool to assess the short- to mid-term impact of interventions to tackle the obesity epidemic.

The tool builds primarily on the methodological assumptions used in the WHO-CHOICE analysis,¹ specifically from the evidence supporting Appendix 3 of the Global Action Plan for Noncommunicable Diseases,² and applies it on country-specific demographic data. It models the impact of one to three policies aimed at reducing overweight and obesity on population-level body mass index (BMI) distribution.

The modelling tool helps the country in their decision-making process to prioritize areas of intervention for prevention and management of obesity. It will also help monitor progress and inform course-correcting and advocating for accelerated action as part of the *WHO Acceleration Plan to Stop Obesity*.

¹ WHO-CHOICE programme.

² Technical briefs - Updating Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030.

“Obesity-related diseases drain scarce resources from health systems and negatively impact economies”

Dr Tedros Adhanom Ghebreyesus, WHO Director-General.³

³ <https://www.worldobesity.org/news/changing-perspectives-and-advancing-national-action>.

Workstream 2: Delivery for impact

The delivery for impact workstream brings together technical expertise on obesity with implementation science expertise on programme delivery.

Focusing initially on a subset of countries, the plan supports the development and implementation of country-specific data-driven incremental strategies for slowing and reversing obesity trends and uses the WHO impact cycle to unlock solutions and deliver the progress that is needed.¹

Figure 3. Impact cycle



1 Feature story on WHO delivery case study + Impact playbook (forthcoming): <https://www.who.int/about/accountability/results/who-results-report-2020-2021/delivery-case-study>.

2 https://www.un.org/nutrition/sites/www.un.org.nutrition/files/general/pdf/2-nutrition_decade_flyer_commitments_for_web.pdf.

3 <https://www.sdgdashboard.org/>.

The acceleration plan guides and supports the frontrunner countries to deliver measurable impact through the following structured methodology:

- 1 Adapt prioritized, simplified and standardized evidence-based interventions and technical packages to their context.
- 2 Develop a theory of change for each of the selected interventions.
- 3 Develop and roll-out clear delivery plans, focused on identifying and addressing implementation bottlenecks.
- 4 Conduct accountability routines with all stakeholders, designed to keep momentum and focus during implementation.
- 5 Use analytics and modelling to assess issues, design solutions, track progress, course correct and re-programme as needed throughout the policy implementation cycle.
- 6 Participate in communities of practice to promote the exchange of best practices and learning between countries.
- 7 Report on accountability cycles at national, regional and global level including at the World Health Assembly.

BOX 4

It's all about measurable impact — the WHO delivery approach

The WHO delivery for impact approach provides a structured framework for implementation that helps to accelerate progress towards the impact that countries want to achieve. It is based on the core principles that data and planning are not sufficient endpoints in and of themselves; it is about challenging a business-as-usual mindset and pushing for actions that increase the likelihood of reaching the desired results. While other technical resources provide details on what needs to be done, delivery is centered around how to go about doing it: from identifying priority issues and setting measurable targets, through to problem-solving and creating an institutional culture of data-driven action.

The delivery for impact approach is centered on an impact Cycle, with a lens for on-the-ground implementation and strong emphasis on long-term sustainability for transformational change. The impact Cycle provides a clear framework accompanied with tested tools to systematically and effectively advance implementation efforts.

The impact cycle was developed in collaboration with the WHO Evidence-Informed Policy Network (EVIPNet) and adapted from its “evidence ecosystem for impact” framework. For additional information see: [Tracking the Triple Billions and delivering results \(who.int\)](#).


Workstream 3: Global advocacy

The acceleration plan invests in increased advocacy at global, regional and country level to raise awareness, generate political engagement and mobilize resource through advocacy campaigns, media and the development of scientific papers. The plan calls out to people and families living with obesity to lobby for the right to prevention, treatment and management of obesity free of stigma and to participate in the dialogue for change. It calls on governments to take brave action to ensure that the prevention and management of obesity is integrated in all policies. It calls on international organizations and development partners to prioritize initiatives to build and sustain the capacity of organizations and networks in obesity reduction and to unlock needed funding that is predictable and sufficient to meet the challenge. It calls on professional

associations to increase awareness of the importance of tackling the obesity epidemic and to contribute

to research, education and training to assist the acceleration of global action. Finally, it calls for coalition building to help developing a global alliance for equitable, properly resourced and effective

action to address the obesity epidemic encompassing prevention, management and treatment of the disease.



The plan calls out to people and families living with obesity to lobby for the right to prevention, treatment and management of obesity free of stigma and to participate in the dialogue for change

Workstream 4: Engaging partners



The plan will involve sustained engagement with a wide range of partners such as the Global Obesity Coalition and include UN agencies, civil society, the private sector and academic institutions, focused on deepening established partnerships and creating new ones.



**2X
PEOPLE**

People living with obesity are twice as likely to be hospitalized if tested positive for COVID-19



**60%
CHILDHOOD**

Childhood obesity (age 5 to 19) is expected to increase by 60% over the next decade, reaching 250 million by 2030



**\$1
TRILLION**

The medical consequences of obesity will cost over US\$1 trillion by 2025



**800
MILLION**

800 Million people around the world are living with obesity

Source: https://www.worldobesityday.org/assets/downloads/Factsheet_-_English_1.pdf.

Workstream 5: Accountability

The plan places a strong focus on accountability and reporting to monitor the execution of the acceleration plan at global level, and for the frontrunner countries. The key outcomes on which the plan will be measured are: that the number of countries implementing effective policies to address prevention and management of obesity

increases; that improved policy efficiency and coverage and expanded access to obesity prevention and management services can be evidenced; and that the current upward trend in obesity rates across the life course slows. The reporting process will also provide an opportunity to identify and learn from emerging practices.

Figure 3. Ambitious targets and accountability

Outcome targets	<ul style="list-style-type: none"> • Halt the rise of obesity in children under 5, adolescents and adults 	by 2025
	<ul style="list-style-type: none"> • Ending all forms of malnutrition • Reach 3% or lower prevalence of overweight in children under five years of age 	by 2025
Intermediate targets	<ul style="list-style-type: none"> • Free sugars to less than 10% of total energy intake in adults and children • Increase the rate of exclusive breastfeeding in the first 6 months up to at least 70% • 15% relative reduction in the global prevalence of physical inactivity 	by 2030
Process targets	<ul style="list-style-type: none"> • Increase coverage of PHC services with prevention, diagnosis and management of obesity in children and adolescents • Increase density of nutrition professionals to a minimum level of 10/100 000 population • Increase number of countries with regulations on marketing of foods and non-alcoholic beverages to children • All countries implement national public education communication campaigns on physical activity • All countries have a national protocol for assessing and counselling on physical activity in primary care 	by 2030

People living with obesity are at a greater risk from other chronic diseases such as diabetes, cardiovascular disease and certain cancers

Source: https://www.worldobesityday.org/assets/downloads/Factsheet_-_English_1.pdf.

BOX 5**Putting the plan into action through inter-country dialogues**

Following the endorsement of the *WHO acceleration plan to stop obesity* at the 75th World Health Assembly (WHA75), a series of inter-country dialogues were convened with the frontrunner countries in the six WHO regions. The frontrunner countries were selected under WHO Regional Office guidance, based on epidemiological data and strategic priorities, policy and political environment, country capacity and expressed interest in or need for technical assistance in this area.

These countries are receiving combined technical and delivery support from WHO until 2030 with the expectation that the process of test and learn will generate evidence and expertise for future expansion of the acceleration plan across the globe.

The inter-country dialogues provided an opportunity for countries to share current initiatives to tackle the obesity epidemic and to discuss how to accelerate their progress by designing tailored country roadmaps with clearly identified priority interventions to be tracked across mid-term (2025) and long-term (2030) targets and a clear pathway towards implementation.

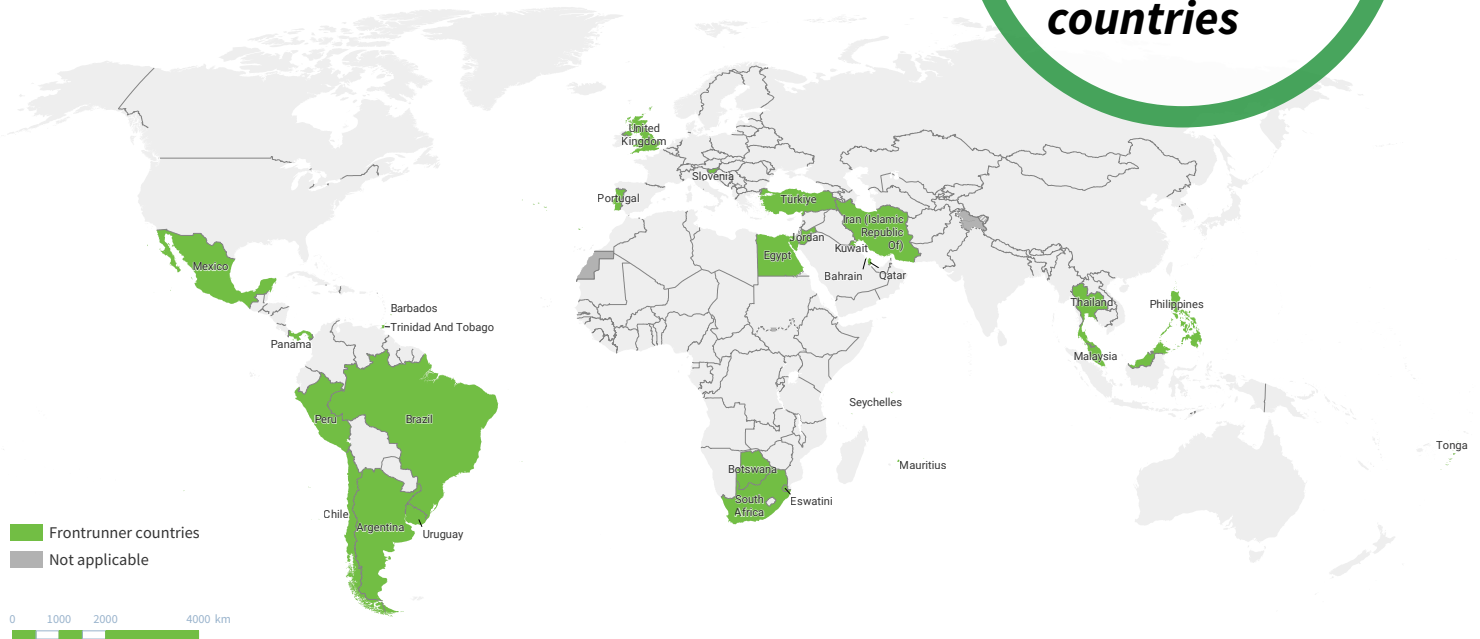
Dialogue participants included policy makers and programme managers working on nutrition and NCDs from the frontrunner countries, civil society, other UN agencies and people living with obesity and affected communities.

The inter-country dialogues also established a community to unite countries and other stakeholders around a shared vision for the response to the obesity epidemic and for strengthening political commitment to support and finance the response in the 28 frontrunner countries and beyond.

Frontrunner countries are continuing to gather periodically to finalize country acceleration roadmaps and move to the execution phase. The first deadline for the accountability cycle is at WHA77 in 2024.

The frontrunner countries

Obesity is no longer just a disease of high-income countries




Argentina, Bahrain, Barbados, Botswana, Brazil, Chile, Egypt, Eswatini, Iran (Islamic Republic of), Jordan, Kuwait, Malaysia, Mauritius, Mexico, Panama, Peru, Philippines, Portugal, Qatar, Seychelles, Slovenia, South Africa, Thailand, Tonga, Trinidad and Tobago, Türkiye, United Kingdom of Great Britain and Northern Ireland, and Uruguay.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

No country is immune to the obesity epidemic

The *WHO acceleration plan to stop obesity* focuses on evidence-based, cost-effective interventions, which can be adapted to fit country needs. These include a range of policies to address the obesogenic environment that is driving the trajectory of the epidemic right across the globe. The plan also includes a new *WHO health service delivery framework for the prevention and management of obesity*.¹

The plan is moving towards its execution phase with ambitious but achievable roadmaps agreed by a selection of the most affected countries for the delivery of their chosen national priorities.


“*With strong political commitment and accountable implementation, we can bend the obesity curve, and make 2030 a healthier and more sustainable year for all*”

*Dr Tedros Adhanom Ghebreyesus,
WHO Director-General.*²

WHO will be reporting on the implementation evidence, the challenges and the successes of the roll-out in countries in the short, medium and long term, and will report on a yearly basis to Member States through the World Health Assembly and Regional Committee Meetings.

Time is short and the challenge is complex.

This is why the *WHO acceleration plan to stop obesity* has taken brave decisions around prioritization, selection and feasibility and drills down to the granularity that can enable implementation and ensure concrete progress on the ground. The plan provides the recipe for success and the tools to deliver. Now WHO invites politicians, donors and communities to rally around a whole of society response to meet one of the world’s most serious emerging health crises.

¹ <https://www.who.int/publications/i/item/9789240073234>.

² <https://www.worldobesity.org/news/changing-perspectives-and-advancing-national-action>.





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ISBN 978-92-4-007563-4 (electronic version)

ISBN 978-92-4-007564-1 (print version)

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